☐ New License   ☐Renewal   BOH USE: Permit #_____

TOWN OF MONSON- BOARD OF HEALTH
APPLICATION FOR A PERMIT TO OPPERATE A FOOD ESTABLISHMENT
Please type or print neatly. ALL items must be completed.
A CHECK PAYABLE TO "THE TOWN OF MONSON" MUST ACCOMPANY ALL APPLICATIONS.
Signing this application certifies that the applicant and the establishment will operate and abide by the provisions of **105 CMR 590.000 State Sanitary Code Chapter X: Minimum Standards for Food Establishments**, the **Federal Food Code**, and all applicable local regulations.

Permits will not be issued until applicant has completed both the Workers' Compensation form and the State Tax Affidavit

Establishment Name			Telephone Number		
Business Address					
Mailing Address					
Owner/responsible Ps.			Telephone Number		
Supervisor			Telephone Number		
Emergency Contact			Telephone Number		
CHECK ALL APPLICABLE PERMIT TYPES(S) AND INCLUDE FEE(S)			**ESTABLISHMENT DETAIL**		
Permit Type	**_Regular_**	**_Seasonal_**	Water Source		
Retail Food Small	$_____	$_____	Sewage Disposal		
Retail Food Medium	$_____	$_____	Total Seating Capacity		
Retail Food Large	$_____	$_____	Retail Sq. Footage		
Foodservice Small	$_____	$_____	**TYPE OF FOOD SERVED (CHECK ALL THAT APPLY)**		
Foodservice Medium	$_____	$_____	☐ PHF cooked to order	☐ Non PHF	
Foodservice Large	$_____	$_____	☐ PHF Held Over	☐ Pre-packaged PHF	
Takeout Food Service	$_____	$_____	☐ Raw animal product	☐ RET Foods	
Retail Residential Kitchen	$_____	$_____			
Caterer/Mobile Vendor	$_____	$_____			
Bakery/Wholesale Foods	$_____	$_____			
Bed & Breakfast	$_____	$_____			
Non-Profit Org.	$_____ Occasional Use of the Facilities Only				
Temporary	$_____ Per Day				
*Seasonal permit- May 1 to October 1, or any time in between.					
Person(s) in Charge (PIC) certified in food protection	Cert Date:		Cert #:		
Number of Employees trained in anti-choking procedures (if 25 seats or more)	#_____				
I certify, under the pains and penalties of perjury, that the information provided on this application is correct. Pursuant to MGL CH. 62, § 49A, I certify, under the pains and penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes as required by law.					
Typed or Printed Name of Applicant:	Signature of Applicant:				
Social Security # or Federal Identification #	Date of Application:				